CLAIMS ONLY

Application Number	Filing Date
10776125	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	1		1		1		58						
9		1		1		1	59						
10		1		1		1	60						
11		1		1		1	61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19	1		1		1		69						
20		1		1		1	70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2		2		2		Total Indep						
Total Depend	4		4		4		Total Depend						
Total Claims	6		6		6		Total Claims						